

APR 17 2018



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D350-721-045**  
**Job Sheet 176136**



002719

Part No: D350-721-045

Job Qty: 4 ea

Part Name: Maintenance Step LH



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 4/17/18

Job Tracking No:

Due Date: 4/27/18

Created By: Linda Lacelle

Type: SOLD

Description:

Note: IIN-D350-721 REV C IPP A 05.05.11 New Issue KJ/JLM IPP B 07.10.10 removed D3436-041 EC verified by DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 4 Ea  | 4/27/18    | 4/27/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | APR 23 2018 |
| 110   | Packaging          | 4 pcs | 4/27/18    | 4/27/18  | 0.00      | 0.00    | Packaging1-3          |           | APR 23 2018 |
| 120   | QC                 | 4 pcs | 4/27/18    | 4/27/18  | 0.00      | 0.00    | QC4                   |           | DAS         |
| 125   | DC                 | 4 pcs | 4/27/18    | 4/27/18  | 0.00      | 0.00    | DC                    |           | 58          |
| 130   | Packaging          | 4 pcs | 4/27/18    | 4/27/18  | 0.00      | 0.00    | Packaging3-1          |           | DAS         |
| 140   | QC21-FG            | 4 Ea  | 4/27/18    | 4/27/18  | 0.00      | 0.00    | QC21                  |           | 9-89 58     |

Part Op 125 - Photocopy bluefile and create labels per PPP D350-721-045 CHG001

Descriptions: 130 - Identify and pack for shipping as per PPP D350-721-045 Identify and Stock Location: APR 24 2018 APR 23 2018

### Job BOM

| Part / Item   | Component Name | Quantity     | Operation             | Container   |
|---------------|----------------|--------------|-----------------------|-------------|
| AN4-16A       | Bolt           | 16 Ea (4 ea) | 90-Start up Operation | 5000052     |
| D3436-043     | Step LH        | 4 Ea (1 ea)  | 90-Start up Operation | 5001485 x 3 |
| NAS1149F0463P | Washer         | 32 Ea (8 ea) | 90-Start up Operation | 5056461     |
| MS20365-428   | Nut            | 16 Ea (4 ea) | 90-Start up Operation | 5041918     |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN4-16A        | 16       | 278       | 0         |
|                       | D3436-043      | 4        | 5         | 0         |
|                       | MS20365-428    | 16       | 100       | 0         |
|                       | NAS1149F0463P  | 32       | 538       | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                          |                       |                          |                                              |                          | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |                 |                          |       |                          |                      |                          |               |                          |          |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                                   |                          |                    |                          |                   |                          |          |                          |         |                          |               |                          |                 |                          |            |                          |                    |                          |         |                          |               |                          |         |                          |         |                          |                  |                          |         |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |
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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Small Fab <input type="checkbox"/>  | Prod. 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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <div style="position: relative; height: 200px;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 8px;">           Dart Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Hawkesbury, ON K6A 1K7<br/>           CANADA<br/>           TEL.: 1 813 632-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaerospace.com         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">           Container No: S063949<br/>           Part: D350-721-045<br/>           Job No: 176136<br/>           Serial No/Batch: S063949<br/>           Revision: C<br/>           Inspector: _____<br/>           Date: 04/23/18         </div> </div>                                                                                                                                                                                                                                                                                               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hand / Supervisor Approval Verification |                          |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |             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QA Coordinator Approval                 |                          |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |             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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="4" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="width:10%;">Environment</td><td><input type="checkbox"/></td> <td style="width:10%;">No Re</td><td><input type="checkbox"/></td> <td style="width:10%;">Temperature/Cure</td><td><input type="checkbox"/></td> <td style="width:10%;">Power loss/Surge</td><td><input type="checkbox"/></td> <td style="width:10%;">Positioned Wrong</td><td><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Opera</td><td><input type="checkbox"/></td> <td>Set up</td><td><input type="checkbox"/></td> <td>Folding/Program</td><td><input type="checkbox"/></td> <td>Outside Dimensions</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset</td><td><input type="checkbox"/></td> <td>SLM/Fabrication</td><td><input type="checkbox"/></td> <td>Grain</td><td><input type="checkbox"/></td> <td>Over/Under tolerance</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> <td>Broken/Damage/Defect</td><td><input type="checkbox"/></td> <td>Weld</td><td><input type="checkbox"/></td> <td>Part Incorrect</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified</td><td><input type="checkbox"/></td> <td>Wrong Stock Pulled</td><td><input type="checkbox"/></td> <td>Part Lost/Missing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for</td><td><input type="checkbox"/></td> <td>Contamination</td><td><input type="checkbox"/></td> <td>Out of Sequence</td><td><input type="checkbox"/></td> <td>Part Moved</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor In</td><td><input type="checkbox"/></td> <td>Counterboring</td><td><input type="checkbox"/></td> <td>Off-set</td><td><input type="checkbox"/></td> <td>Drawing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> <td>Cut Too Short</td><td><input type="checkbox"/></td> <td>Mislabeled</td><td><input type="checkbox"/></td> <td>Finish</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> <td>Instructions Incomplete/Unclear</td><td><input type="checkbox"/></td> <td>Fit/Function</td><td><input type="checkbox"/></td> <td>Misread</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> <td>Drill Holes</td><td><input type="checkbox"/></td> <td>Misaligned/off center</td><td><input type="checkbox"/></td> <td>Turning Sequence</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> <td colspan="6" rowspan="2"></td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                    |                                      |                                                                                                                                                                                                             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|                          |                                              |                          | Root Cause                         |                                     |                                    |                                      | FAULT CATEGORY                     |                                    |                                            |                                  | Environment                            | <input type="checkbox"/>           | No Re                                        | <input type="checkbox"/>       | Temperature/Cure                   | <input type="checkbox"/>           | Power loss/Surge                  | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Design | <input type="checkbox"/> | Opera | <input type="checkbox"/> | Set up | <input type="checkbox"/> | Folding/Program | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset | <input type="checkbox"/> | SLM/Fabrication | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor In | <input type="checkbox"/> | Counterboring | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Finish | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |  |  |  |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Positioned Wrong                             | <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |        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| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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Over/Under tolerance                         | <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |        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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Lost/Missing                            | <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |             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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Misread                                      | <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |        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| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | Process Improvement                                                                                                                                                                | <input type="checkbox"/>             | Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence                             | <input type="checkbox"/> |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |                 |                          |       |                          |                      |                          |               |                          |          |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                                   |                          |                    |                          |                   |                          |          |                          |         |                          |               |                          |                 |                          |            |                          |                    |                          |         |                          |               |                          |         |                          |         |                          |                  |                          |         |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | Manufacturing Process                                                                                                                                                              | <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                       |                          |                                              |                          |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |                 |                          |       |                          |                      |                          |               |                          |          |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                                   |                          |                    |                          |                   |                          |          |                          |         |                          |               |                          |                 |                          |            |                          |                    |                          |         |                          |               |                          |         |                          |         |                          |                  |                          |         |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | Past Due                                                                                                                                                                           | <input type="checkbox"/>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                       |                          |                                              |                          |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                  |                          |        |                          |       |                          |        |                          |                 |                          |                    |                          |          |                          |        |                          |               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           |         |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |  |  |  |  |  |  |               |                          |          |                          |



## Change Record

Part Number D350-721-045  
Description MAINTENANCE STEP ASSY, LH

Page 1 of 1[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

## 6.0 PARTS LIST

| Qty<br>-011 | Qty<br>-041 | Qty<br>-043 | Qty<br>-045 | Qty<br>-046 | PART NUMBER   | DESCRIPTION                                        |
|-------------|-------------|-------------|-------------|-------------|---------------|----------------------------------------------------|
| X           |             |             |             |             | D350-721-011  | BASKET CLAMP KIT                                   |
|             | X           |             |             |             | D350-721-041  | LIGHTWEIGHT HELI- UTILITY-BASKET™                  |
|             |             | X           |             |             | D350-721-043  | LIGHTWEIGHT HELI-UTILITY-BASKET™,<br>SHORT VERSION |
|             |             |             | X           |             | D350-721-045  | MAINTENANCE STEP, LH                               |
|             |             |             |             | X           | D350-721-046  | MAINTENANCE STEP, RH                               |
|             | 1           |             |             |             | D3324-041     | BASKET BASE ASSEMBLY                               |
|             | 1           |             |             |             | D3325-041     | BASKET LID ASSEMBLY                                |
|             |             | 1           |             |             | D3326-041     | BASKET BASE ASSEMBLY                               |
|             |             | 1           |             |             | D3327-041     | BASKET LID ASSEMBLY                                |
|             | 2           | 2           |             |             | D2022-101     | SPACER                                             |
| 3           | 3           | 3           |             |             | D2230-1       | LUG                                                |
| 4           | 4           | 4           |             |             | D2230-3       | CLAMP                                              |
|             | 1           | 1           |             |             | D2332-041     | PROP ASSEMBLY                                      |
|             | 1           | 1           |             |             | D2530         | HANDLE ASSEMBLY                                    |
|             | 2           | 2           |             |             | D2535         | SPRING                                             |
|             | 2           | 2           |             |             | D2537         | BUSHING                                            |
| 8           | 8           | 8           |             |             | D2732-030     | RUBBER CUSHION                                     |
|             | 2           | 2           |             |             | D2931         | BUMPER                                             |
| 1           | 1           | 1           |             |             | D3338-1       | LUG                                                |
|             | 2           | 2           |             |             | D3350-041     | STRUT                                              |
|             | 1           | 1           |             |             | D3351-1       | LABEL                                              |
|             |             |             | 1           | 1           | D3436-041     | CLAMP                                              |
|             |             |             | 1           |             | D3436-043     | LH STEP                                            |
|             |             |             |             | 1           | D3436-044     | RH STEP                                            |
|             | 2           | 2           |             |             | AN3-16A       | BOLT                                               |
|             | 2           | 2           |             |             | AN4-7A        | BOLT                                               |
|             | 2           | 2           |             |             | AN4-12A       | BOLT                                               |
|             | 4           | 4           |             |             | AN4-14A       | BOLT                                               |
| 8           | 8           | 8           |             |             | AN4-15A       | BOLT                                               |
|             |             |             | 4           | 4           | AN4-16A       | BOLT                                               |
|             | 1           | 1           |             |             | AN4-20A       | BOLT                                               |
|             | 1           | 1           |             |             | AN4-22A       | BOLT                                               |
|             | 4           | 4           |             |             | AN5-17A       | BOLT                                               |
|             | 4           | 4           |             |             | AN970-4       | WASHER                                             |
|             |             |             | 4           | 4           | MS20365-428   | NUT                                                |
|             | 2           | 2           |             |             | MS20600AD4W3  | RIVET                                              |
|             | 2           | 2           |             |             | MS21042L3     | NUT (OR MS21042-3)                                 |
| 8           | 18          | 18          |             |             | MS21042L4     | NUT (OR MS21042-4)                                 |
|             | 4           | 4           |             |             | MS21042L5     | NUT (OR MS21042-5)                                 |
|             |             |             | 8           | 8           | NAS1149F0463P | WASHER (OR AN960-416)                              |
| 16          | 30          | 30          |             |             | NAS1149D0463J | WASHER (OR AN960JD416)                             |
|             | 2           | 2           |             |             | NAS1149D0416J | WASHER (OR AN960JD416L)                            |
|             | 4           | 4           |             |             | NAS1149D0563J | WASHER (OR AN960JD516)                             |
|             | 2           | 2           |             |             | NAS1149DN832J | WASHER (OR AN960JD8)                               |

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Revision: C

Date: 17.11.20